



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
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February 5, 2008

Arthur Ewart, Director
Sonoma County Mental Health
3322 Chanate Road
Santa Rosa, CA 95404-1708

Dear Mr. Ewart:

AUDIT REPORT – SONOMA COUNTY MENTAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Sonoma County Mental Health for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.


The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 7,045,795	\$ 7,350,767	\$ 304,972
Federal Share of Healthy Families/Medi-Cal	\$ 185,275	\$ 163,810	\$ (21,465)

Arthur Ewart, Director
February 5, 2008
Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,



for WALTER J. HILL, JR., MBA, EA
Chief of Audits



MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

COUNTY OF SONOMA
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 4,764,657	\$ 423,701	\$ 5,188,358
HEALTHY FAMILIES - FFP	(Sch. 2a)	109,913	(30,417)	79,496
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 4,874,570</u>	<u>\$ 393,285</u>	<u>\$ 5,267,855</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 2,281,138	\$ (118,729)	\$ 2,162,409
HEALTHY FAMILIES - FFP		75,362	8,952	84,314
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 2,356,500</u>	<u>\$ (109,777)</u>	<u>\$ 2,246,723</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 7,045,795	\$ 304,972	\$ 7,350,767
HEALTHY FAMILIES - FFP		185,275	(21,465)	163,810
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u><u>\$ 7,231,070</u></u>	<u><u>\$ 283,508</u></u>	<u><u>\$ 7,514,578</u></u>

SCHEDULE 2

**COUNTY OF SONOMA
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	6,265,993	1,039,016	7,305,009
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	26,874	26,874
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	146,799	(43,726)	103,073
9. Total		<u>\$ 6,412,792</u>	<u>\$ 1,022,164</u>	<u>\$ 7,434,956</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	17,053	54,485	71,538
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 17,053</u>	<u>\$ 54,485</u>	<u>\$ 71,538</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	6,248,940	1,011,405	7,260,345
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	146,799	(43,726)	103,073
25. Total		<u>\$ 6,395,739</u>	<u>\$ 967,679</u>	<u>\$ 7,363,418</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 196,557	\$ (9,133)	\$ 187,424
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	326,300	(15,162)	311,138
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	574,642	(26,702)	547,940
29. Total		<u>\$ 1,097,499</u>	<u>\$ (50,996)</u>	<u>\$ 1,046,503</u>

COUNTY OF SONOMA
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 1,618,983	\$ 125,931	\$ 1,744,914
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 1,150,792	\$ 191,109	\$ 1,341,901
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 1,150,792</u>	<u>\$ 191,109</u>	<u>\$ 1,341,901</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 26,274	\$ (4,372)	\$ 21,902
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 21,872	\$ (3,007)	\$ 18,865
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 21,872</u>	<u>\$ (3,007)</u>	<u>\$ 18,865</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 372,424	\$ (218,947)	\$ 153,477
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 3,217,532	\$ 507,007	\$ 3,724,539
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	17,525	17,525
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	692,411	(32,175)	660,236
49. Administrative Reimbursement	(MH1979, Ln 6)	575,396	95,555	670,951
50. U.R. Skilled Professional	(MH1979, Ln 14)	279,318	(164,210)	115,108
51. U.R. Other	(MH1979, Ln 15)	0	0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 4,764,657</u>	<u>\$ 423,701</u>	<u>\$ 5,188,358</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0

56. Total SD/MC Reimbursement - FFP		<u>\$ 4,764,657</u>	<u>\$ 423,701</u>	<u>\$ 5,188,358</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 95,642	\$ (28,455)	\$ 67,187
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	14,271	(1,962)	12,309
60. Total Healthy Families Reimbursement - FFP		<u>\$ 109,913</u>	<u>\$ (30,417)</u>	<u>\$ 79,496</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 4,874,570</u>	<u>\$ 393,285</u>	<u>\$ 5,267,855</u>
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(To Sch. 1)

[illegible]

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Legal Entity	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total MAA FFP
Number	Inpatient (MH 1968, Ln 28 to 30)	Inpatient (MH 1968, Ln 31)	Outpatient (MH 1968, Ln 28 to 30)	Outpatient (MH 1968, Ln 31)	Inpatient (Col 4-11)	Inpatient (Col 5-12)	Outpatient (Col 9-13)	Outpatient (Col 10-14)	Reimbursement (MH 1979, Ln 11-13)
112 Lincoln Child Center, Inc.	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	9,266 \$	0 \$	0
113 Fred Finch Youth Center	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	346,630 \$	7,709 \$	0
120 Families First, Inc.	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	22,888 \$	0 \$	0
270 Buckelew Programs	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	730,780 \$	0 \$	0
273 Edgewood Center for Children	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	122,235 \$	0 \$	0
396 Social Advocates for Youth	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	559,798 \$	2,965 \$	0
397 Community Support Network	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	1,375,767 \$	0 \$	0
399 New Directions Adolescent Services	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	106,744 \$	44,784 \$	0
401 True to Life Children's Services	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	130,920 \$	0 \$	0
402 Petaluma People Services	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	59,263 \$	0 \$	0
403 Children's Counseling Center	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	229,098 \$	0 \$	0
457 Sunny Hills Children's Home	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	126,305 \$	0 \$	0
461 Summitview Child Treatment Center	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	8,249 \$	0 \$	0
472 Deveraux inc.	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	7,032 \$	0 \$	0
484 Victor Treatment Center	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	162,108 \$	0 \$	0
515 CIL/PSI Lifeworks	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	244,102 \$	73,645 \$	0
648 Russian River Counseling	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	59,689 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
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0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
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0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
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0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
0	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	0 \$	0 \$	0
GRAND TOTAL	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	\$ 0 \$	4,300,874 \$	129,303 \$	0

(To Sch. 1)

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To eliminate the Program Support and PES Sutter reimbursement for services and supplies against the proper cost center.	\$ 18,505,534	\$ (156,518)	\$ 18,349,016 *
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To incorporate depreciation expense for an alarm system capitalized in the FY 96/97 audit.	** \$ 18,349,016	\$ 7,500	\$ 18,356,516 *
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust the reported A-87 costs to agree with the county's adjusted A-87 cost allocation plan.	** \$ 18,356,516	\$ (36,895)	\$ 18,319,621 *
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To disallow the self-insurance costs as the county was unable to demonstrate compliance with the federal self-insurance requirements. (The amount related to Sutter is excluded from the disallowance as all Sutter costs have already been properly eliminated from the cost report).	** \$ 18,319,621	\$ (1,182,982)	\$ 17,136,639 *
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To allow the actual claims paid by the county for health insurance, workers' compensation, and general liability. (The amount related to Sutter is excluded from the total as all Sutter cost have been properly eliminated from the cost report).	** \$ 17,136,639	\$ 530,988	\$ 17,667,627 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
6	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust total costs to agree with the county's records.	** \$ 17,667,627	\$ 94,807	\$ 17,762,434 *
7	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To eliminate the excess FFS costs captured on the cost report to agree with the county's records.	** \$ 17,762,434	\$ (149,970)	\$ 17,612,464 *
8	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To eliminate the non-reimbursable utilization review costs related to Sutter and Jail for consistency with prior-year treatment.	** \$ 17,612,464	\$ (110,309)	\$ 17,502,155
9	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 1,150,792	\$(1,150,792)	\$ - *
10	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	21,872	(21,872)	- *
11	MH 1960	11	C	NON-SD/MC ADMINISTRATION	1,612,772	(1,612,772)	- *
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To eliminate the reported allocation of Administrative Costs. Administrative costs will be redistributed to the proper cost centers after adjustments to administrative costs are made below.	2,785,436		2,785,436 *
12	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 372,424	\$ (372,424)	\$ - *
-	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS To eliminate the reported Utilization Review Costs (UR). UR costs will be distributed to the proper cost centers after adjustments to Utilization Review costs are made below.	372,424		372,424 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COST</u>			
13	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,785,436	\$ (263,546)	\$ 2,521,890 *
14	MH 1960	18	C	MODE COSTS	15,142,159	263,546	15,405,705 *
				To reclassify the conservatorship costs from Administration to Mode 60 for consistency with prior-year treatment.			
15	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** 2,521,890	(99,602)	2,422,288 *
16	MH 1960	18	C	MODE COSTS	** 15,405,705	(56,916)	15,348,789 *
				To eliminate the Program Support and PES Sutter reimbursement for services and supplies against the proper cost center in conjunction with adjustment number 1.		<u>(156,518)</u>	
17	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,422,288	\$ 7,500	\$ 2,429,788 *
				To incorporate depreciation expense for an alarm system capitalized in the FY 96/97 audit in conjunction with adjustment number 2.			
18	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,429,788	\$ (36,895)	\$ 2,392,893 *
				To adjust the reported A-87 costs in conjunction with adjustment number 3.			
19	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,392,893	\$ 22,604	\$ 2,415,497 *
20	MH 1960	18	C	MODE COSTS	** 15,348,789	(22,604)	15,326,185 *
				To reclassify depreciation expense to Administrative Costs due to lack of supporting documentation that demonstrates assets are used exclusively at the direct services level (Mode 15).			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COST</u>			
21	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,415,497	\$ (44,553)	\$ 2,370,944 *
22	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	** 372,424	(17,305)	355,119 *
23	MH 1960	17	C	RESEARCH AND EVALUATION	205,515	(9,549)	195,966
24	MH 1960	18	C	MODE COSTS	** 15,326,185	<u>(580,587)</u>	14,745,598 *
						<u>(651,994)</u>	
				To adjust self-insurance costs at the program/department level in conjunction with adjustment numbers 4 and 5.			
				Disallow self-insurance premiums (Adj. #4)	(1,182,982)		
				Allow actual claims paid (Adj. #5)	<u>530,988</u>		
					<u>(651,994)</u>		
25	MH 1960	18	C	MODE COSTS	** \$ 14,745,598	\$ (149,970)	\$ 14,595,628 *
				To eliminate the excess FFS costs captured on the cost report in conjunction with adjustment number 7.			
26	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,370,944	\$ 48,169	\$ 2,419,113 *
27	MH 1960	18	C	MODE COSTS	** 14,595,628	<u>46,638</u>	14,642,266
						<u>94,807</u>	
				To adjust total costs in conjunction with adjustment number 6 to agree with the county's records.			
28	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	** 355,119	(110,309)	244,810 *
				To adjust total utilization review costs in conjunction with adjustment number 8.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COST</u>			
29	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ -	\$ 1,341,901	\$ 1,341,901
30	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** -	18,865	18,865
31	MH 1960	11	C	NON SD/MC ADMINISTRATION	** -	1,058,347	1,058,347
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** 2,419,113		2,419,113
				To allocate total administrative cost among SD/MC, Healthy Families, and Non SD/MC Administration based on the gross cost method percentages of 55.4708% for SD/MC, .7798% for Healthy Families, and 43.7494% for Non SD/MC.			
32	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	** \$ -	\$ 153,477	\$ 153,477
33	MH 1960	15	C	NON SD/MC UTILIZATION REVIEW	** -	91,333	91,333
-	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	** 244,810		244,810
				To reclassify utilization review cost not related to Medi-Cal to Non SD/MC Utilization Review. The gross cost percentages of 62.6922% for SD/MC and 37.3078% for Non SD/MC were used as the allocation ratio.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MODES OF SERVICE</u>			
34	MH 1964	8	A	SUPPORT SERVICES (MODE 60) To reclassify the conservatorship costs from Administration to Mode 60 in conjunction with adjustment number 14.	\$ 589,666	\$ 263,546	\$ 853,212 *
35	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2) To eliminate the PES services and supplies Sutter reimbursement in conjunction with adjustment number 16.	\$ 13,049,639	(56,916)	\$ 12,992,723 *
36	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2) To adjust for depreciation expense in conjunction with adjustment number 20.	** \$ 12,992,723	\$ (22,604)	\$ 12,970,119 *
37	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	** \$ 12,970,119	(496,873)	\$ 12,473,246 *
38	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	1,494,137	(69,427)	1,424,710
39	MH 1964	8	A	SUPPORT SERVICES (MODE 60) To adjust self-insurance costs at the mode level in conjunction with adjustment number 24 .	** 853,212	(14,287) <u>(580,587)</u>	838,925 *
40	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	** \$ 12,473,246	\$ (463,820)	\$ 12,009,426 *
41	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	8,717	40,867	49,584
42	MH 1964	8	A	SUPPORT SERVICES (MODE 60) To adjust costs at the mode level in conjunction with adjustment number 27 to agree with the county's records.	** 838,925	<u>469,591</u> <u>46,638</u>	1,308,516
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
43	MH 1964	5	A	<u>ADJUSTMENTS TO REPORTED MODES OF SERVICE</u> OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2) To eliminate the excess FFS costs captured on the cost report in conjunction with adjustment number 25.	** \$ 12,009,426	\$ (149,970)	\$ 11,859,456
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED GROSS COST</u>			
				<u>MODE 15 - OUTPATIENT (PROGRAM 2)</u>			
44	MH 1966A	3		SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979)	\$ 72,744	\$ (4,839)	\$ 67,905
45	MH 1966A	3		SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980)	64,510	(59,323)	5,187
46	MH 1966A	3		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982)	-	39,250	39,250
47	MH 1966A	3		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984)	-	15,572	15,572
48	MH 1966A	3		SERVICE FUNCTION 15/33 (ASO)	-	4,511	4,511
49	MH 1966A	3		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)	1,170	5,689	6,859
50	MH 1966A	3	A	MODE 15 - OUTPATIENT (PROGRAM 2)	138,424	860	139,284
				To report outpatient FFS costs by provider type and to adjust reported costs to agree with the county's records.			
				<u>MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
51	MH 1966A	3		SERVICE FUNCTION 15/01	\$ 1,601,881	\$ (160,863)	\$ 1,441,018
52	MH 1966A	3		SERVICE FUNCTION 15/10	243,345	(24,564)	218,781
53	MH 1966A	3		SERVICE FUNCTION 15/40	6,798,503	(1,181,941)	5,616,562
54	MH 1966A	3		SERVICE FUNCTION 15/50	320,944	443,546	764,490
55	MH 1966A	3		SERVICE FUNCTION 15/60	3,090,297	(182,030)	2,908,267
56	MH 1966A	3		SERVICE FUNCTION 15/70	856,245	(85,191)	771,054
				<u>MODE 15 - OUTPATIENT (PROGRAM 2)</u>			
57	MH 1966A	3		SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979)	13,751	(4,471)	9,280
58	MH 1966A	3		SERVICE FUNCTION 15/60 (PROVIDER NUMBER 4979)	58,993	(368)	58,625
59	MH 1966A	3		SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980)	64,510	(62,146)	2,364
60	MH 1966A	3		SERVICE FUNCTION 15/61 (PROVIDER NUMBER 4980)	-	2,823	2,823
61	MH 1966A	3		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982)	-	39,250	39,250
62	MH 1966A	3		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984)	-	10,540	10,540
63	MH 1966A	3		SERVICE FUNCTION 15/62 (PROVIDER NUMBER 4984)	-	5,032	5,032
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED GROSS COST</u>			
64	MH 1966A	3		SERVICE FUNCTION 15/33 (ASO)	\$ -	\$ 4,284	\$ 4,284
65	MH 1966A	3		SERVICE FUNCTION 15/63 (ASO)	-	227	227
66	MH 1966A	3		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)	1,170	5,689	6,859
				To adjust reported gross cost at the service function level to reflect the RVS method of allocation.			
67	MH 1966A	3		MAA SERVICE FUNCTION 01	\$ 106,625	\$ (9,133)	\$ 97,492
68	MH 1966A	3		MAA SERVICE FUNCTION 19	342,476	(21,837)	320,639
69	MH 1966A	3		MAA SERVICE FUNCTION 26	604,178	(38,457)	565,721
						<u>(69,427)</u>	
				To adjust the MAA cost by service function codes due to the self-insurance correction on adjustment number 38.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED GROSS COST: CONTRACT PROVIDERS</u>			
				<u>FRED FINCH (LE #113) MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
70	MH 1966A	3		SERVICE FUNCTION 15/10	\$ -	\$ 17,408	\$ 17,408
71	MH 1966A	3		SERVICE FUNCTION 15/58	63,829	18,140	81,969
72	MH 1966A	3		SERVICE FUNCTION 15/60	76,996	(35,548)	41,448
				<u>FAMILIES FIRST (LE #120) MODE 10 - DAY SERVICES</u>			
73	MH 1966A	3		SERVICE FUNCTION 10/85	\$ 3,351	\$ 14,305	\$ 17,656
74	MH 1966A	3		SERVICE FUNCTION 10/95	46,914	(14,305)	32,609
				<u>SOCIAL ADVOCATES FOR YOUTH (LE #396) MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
75	MH 1966A	3		SERVICE FUNCTION 15/01	\$ 4,647	\$ (155)	\$ 4,492
76	MH 1966A	3		SERVICE FUNCTION 15/10	48,476	(1,621)	46,855
77	MH 1966A	3		SERVICE FUNCTION 15/30	382,313	(326,995)	55,318
78	MH 1966A	3		SERVICE FUNCTION 15/40	70,114	309,089	379,203
79	MH 1966A	3		SERVICE FUNCTION 15/50	1,718	2,719	4,437
80	MH 1966A	3		SERVICE FUNCTION 15/58	47,954	17,740	65,694
81	MH 1966A	3		SERVICE FUNCTION 15/60	21,716	(727)	20,989
82	MH 1966A	3		SERVICE FUNCTION 15/70	1,503	(50)	1,453
				<u>CHILDREN'S COUNSELING CENTER (LE #403) MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
83	MH 1966A	3		SERVICE FUNCTION 15/01	\$ 4,146	\$ (176)	\$ 3,970
84	MH 1966A	3		SERVICE FUNCTION 15/10	74,486	(3,131)	71,355
85	MH 1966A	3		SERVICE FUNCTION 15/30	168,462	(7,082)	161,380
86	MH 1966A	3		SERVICE FUNCTION 15/50	2,284	10,405	12,689
87	MH 1966A	3		SERVICE FUNCTION 15/70	406	(16)	390
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED GROSS COST: CONTRACT PROVIDERS</u>			
				<u>CIL/PSI LIFEWORKS (LE #515) MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
88	MH 1966A	3		SERVICE FUNCTION 15/01	\$ 380	\$ 111	\$ 491
89	MH 1966A	3		SERVICE FUNCTION 15/10	26,362	(140)	26,222
90	MH 1966A	3		SERVICE FUNCTION 15/30	484,964	(83,169)	401,795
91	MH 1966A	3		SERVICE FUNCTION 15/50	28,453	83,198	111,651
				<u>RUSSIAN RIVER COUNSELING (LE #648) MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
92	MH 1966A	3		SERVICE FUNCTION 15/01	\$ 12,191	\$ 3,387	\$ 15,578
93	MH 1966A	3		SERVICE FUNCTION 15/10	52,280	(3,387)	48,893
				To adjust reported costs at the service function level using the RVS method of allocation for some contract providers due to adjustments in total units.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u>			
				<u>MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
94	MH 1966A	2		SERVICE FUNCTION 15/01	1,427,626	(663)	1,426,963
95	MH 1966A	2		SERVICE FUNCTION 15/10	167,234	1,383	168,617
96	MH 1966A	2		SERVICE FUNCTION 15/40	4,688,131	(359,386)	4,328,745
97	MH 1966A	2		SERVICE FUNCTION 15/50	221,836	367,365	589,201
98	MH 1966A	2		SERVICE FUNCTION 15/60	1,196,395	6,602	1,202,997
99	MH 1966A	2		SERVICE FUNCTION 15/70	395,418	755	396,173
				<u>MODE 15 - OUTPATIENT (PROGRAM 2)</u>			
100	MH 1966A	2		SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979)	22,680	(12,325)	10,355
101	MH 1966A	2		SERVICE FUNCTION 15/60 (PROVIDER NUMBER 4979)	37,760	(2,650)	35,110
102	MH 1966A	2		SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980)	86,020	(81,760)	4,260
103	MH 1966A	2		SERVICE FUNCTION 15/61 (PROVIDER NUMBER 4980)	0	2,730	2,730
104	MH 1966A	2		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982)	0	64,280	64,280
105	MH 1966A	2		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984)	0	15,300	15,300
106	MH 1966A	2		SERVICE FUNCTION 15/62 (PROVIDER NUMBER 4984)	0	3,920	3,920
107	MH 1966A	2		SERVICE FUNCTION 15/33 (ASO)	0	7,380	7,380
108	MH 1966A	2		SERVICE FUNCTION 15/63 (ASO)	0	210	210
109	MH 1966A	2		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)	80	12,460	12,540
				To adjust total units to agree with the county's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS: CONTRACT PROVIDERS</u>			
110	MH 1966A	2		<u>FRED FINCH (LE #113)</u> SERVICE FUNCTION 15/10	0	8,725	8,725
111	MH 1966A	2		<u>FAMILIES FIRST (LE #120)</u> SERVICE FUNCTION 10/85	19	125	144
112	MH 1966A	2		<u>SOCIAL ADVOCATES FOR YOUTH (LE #396)</u> SERVICE FUNCTION 15/30	186,975	(158,985)	27,990
113	MH 1966A	2		SERVICE FUNCTION 15/40	34,290	157,580	191,870
114	MH 1966A	2		SERVICE FUNCTION 15/50	840	1,405	2,245
115	MH 1966A	2		<u>CHILDREN'S COUNSELING CENTER (LE #403)</u> SERVICE FUNCTION 15/50	1,727	8,287	10,014
116	MH 1966A	2		<u>CIL/PSI LIFEWORKS (LE #515)</u> SERVICE FUNCTION 15/01	240	70	310
117	MH 1966A	2		SERVICE FUNCTION 15/10	12,965	(70)	12,895
118	MH 1966A	2		SERVICE FUNCTION 15/30	238,501	(40,913)	197,588
119	MH 1966A	2		SERVICE FUNCTION 15/50	13,993	40,913	54,906
120	MH 1966A	2		<u>RUSSIAN RIVER (LE #648)</u> SERVICE FUNCTION 15/10	6,900	5,220	12,120
121	MH 1966A	2		SERVICE FUNCTION 15/40	29,590	8,450	38,040
				To adjust total units to agree with the county's records. The adjustments are necessary as SD/MC units were more than total units.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
122	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	1,333,098	(17,621)	1,315,477 *
123	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	2,573,030	1,243,661	3,816,691 *
124	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	11,961	105	12,066 *
125	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	30,205	370	30,575 *
126	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	0	4,405	4,405 *
127	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	2,980	15,130	18,110 *
128	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	15,691	2,865	18,556 *
129	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	85,539	(2,543)	82,996 *
			Info	TOTAL	4,052,504	1,246,372	5,298,876 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated March 22, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
130	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 1,315,477	(5,340)	1,310,137 *
131	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 3,816,691	(20,211)	3,796,480 *
132	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 12,066	5,245	17,311 *
133	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 30,575	20,881	51,456 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 4,405	0	4,405 *
134	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 18,110	(185)	17,925 *
	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 18,556	0	18,556 *
135	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	** 82,996	(1,700)	81,296 *
			Info	TOTAL	** 5,298,876	(1,310)	5,297,566 *
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's PSP 356 report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
136	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 1,310,137	(27,318)	1,282,819 *
137	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 3,796,480	(83,271)	3,713,209 *
138	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 17,311	(35)	17,276
139	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 51,456	(5,900)	45,556
140	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 4,405	(45)	4,360
141	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 17,925	(965)	16,960
142	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 18,556	(4,275)	14,281
143	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	** 81,296	(19,845)	61,451
			Info	TOTAL	** 5,297,566	(141,654)	5,155,912
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
144	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 3,713,209	(29,480)	3,683,729 *
				To adjust SD/MC units as a result of disallowances identified by the county's utilization review unit.			
145	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 1,282,819	(3,100)	1,279,719
146	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 3,683,729	(4,915)	3,678,814
				To adjust SD/MC units for disallowed claims identified by the county through an internal audit. Although these disallowed claims have already been refunded by the county to DMH, an adjustment is necessary to avoid nullifying the refund.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>CONTRACT PROVIDERS</u>			
147	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	306,830	(259)	306,571 *
148	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	880,969	(38,463)	842,506 *
149	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	0	725	725 *
150	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	0	504	504 *
151	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	0	3,967	3,967 *
152	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	0	20,800	20,800 *
153	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	0	7,684	7,684 *
154	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	39,988	(4,813)	35,175 *
			Info	TOTAL	1,227,787	(9,855)	1,217,932 *
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the contract provider operated facilities to agree with the State DMH Approved Claims Report dated March 22, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
155	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 306,571	870	307,441 *
156	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 842,506	1,773	844,279 *
157	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 725	(725)	0 *
158	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 504	(504)	0 *
159	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 3,967	695	4,662 *
160	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 20,800	988	21,788 *
161	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 7,684	(840)	6,844 *
162	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	** 35,175	(2,257)	32,918 *
			Info	TOTAL	** 1,217,932	-	1,217,932
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's PSP 356 report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>CONTRACT PROVIDERS</u>			
163	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 307,441	(235)	307,206
164	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 844,279	(1,580)	842,699 *
165	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 0	90	90
166	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 0	311	311
167	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 4,662	(695)	3,967
168	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 21,788	(988)	20,800
-	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 6,844	-	6,844
-	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	** 32,918	-	32,918
-			Info	TOTAL	** 1,217,932	(3,097)	1,214,835
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
169	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 842,699	(9,048)	833,651 *
				To adjust SD/MC units as a result of disallowances identified by the county's utilization review unit.			
170	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 833,651	(5,611)	828,040
				To adjust SD/MC units for Buckelew Programs to equal total units.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY</u>			
171	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE (07/01/02 - 09/30/02)	\$ 6,255	\$ 13,484	\$ 19,739
172	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUE (10/01/02 - 06/30/03)	10,798	41,001	51,799
				To adjust patient and other payor revenue to agree with the county's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
173	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBURSEMENT To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.	\$ 4,527,226	\$ (226,352)	\$ 4,300,874
174	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 4,764,656	\$ 423,702	\$ 5,188,358
175	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	109,914	(30,418)	79,496
				TOTAL REIMBURSEMENT- COUNTY	<u>4,874,570</u>	<u>\$ 393,285</u>	<u>5,267,855</u>
176	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	\$ 2,281,138	\$ (63,530)	\$ 2,217,608 *
177	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	75,362	8,952	84,314 *
				TOTAL REIMBURSEMENT- CONTRACT PROVIDERS	<u>2,356,500</u>	<u>(54,578)</u>	<u>2,301,922 *</u>
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
178	Sch. 3b	Total		TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	** \$ 2,217,608	\$ (55,199)	\$ 2,162,409
	Sch. 3b	Total		TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	** 84,314	-	84,314
179	Sch. 3b	Total	28	TOTAL REIMBURSEMENT- CONTRACT PROVIDERS	** <u>2,301,922</u>	<u>(55,199)</u>	<u>2,246,723</u>
				To adjust the FFP reimbursement for the contract providers to the FFP contract maximum.			
				Social Advocates for Youth	(54,746)		
				Russian River Counseling	(453)		
					<u>(55,199)</u>		
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

**SONOMA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE 30, 2003**

FINDING 1 – APPORTIONMENT OF UTILIZATION REVIEW COST TO NON SD/MC

The County did not report Non-SD/MC Utilization Review costs on line 15, MH 1960, of the cost report even though the County selects its cases for utilization review on a random basis from its total client population (Medi-Cal and Non Medi-Cal).

AUDIT AUTHORITY:

Fiscal Year 2002/03 Cost Report Instructions, CFRS-34.

RECOMMENDATION:

We recommend that the County adhere to page 34 of the Cost Report Instructions which states, "If the county performs utilization review of all services regardless of client Medi-Cal eligibility, a portion of the utilization review cost should be reported on line 15." Failure to do so could result in material fiscal exceptions.

AUDITEE'S RESPONSE:

The County of Sonoma agrees with this finding. The recommended guidelines from the FY 02-03 Cost Report Instructions for the proper allocation methodology of Medi-Cal / Non Medi-Cal utilization review costs have been followed beginning with the FY 03-04 Cost Report.

**SONOMA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE 30, 2003**

**FINDING 2 – COST REPORTING OF PHASE II (OUTPATIENT) CONSOLIDATION
EXPENDITURES**

The County did not disclose payments made to the Phase II contractors on MH 1966A, Program 2, of the cost report by provider type. Instead, the payments were reported by service function codes.

The Phase II contractor information such as costs, total units, and SD/MC units should be segregated by discipline or provider numbers. In addition, only actual payments made by the County to the Phase II contractors for their services should be disclosed as total costs.

AUDIT AUTHORITY:

State DMH letter dated December 23, 1998

RECOMMENDATION:

We recommend that the County separately identify and disclose payments, total units, and SD/MC units related to the Phase II contractors, by provider number, to comply with the State DMH letter dated December 23, 1998.

AUDITEE'S RESPONSE:

The County of Sonoma agrees with this finding. Total units, SC/MC units and costs for the Phase II contractors have been reported by provider type, instead of by service function, beginning with the FY 06-07 cost report.

**SONOMA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE 30, 2003**

FINDING 3 – PROPER REPORTING OF CONSERVATORSHIP COST

The County reported the conservatorship cost in the Administration line of the cost report. The conservatorship cost is a support service that is not reimbursable through the cost report. An adjustment was made to reclassify the cost to Mode 60 – Support Services.

AUDIT AUTHORITY:

DMH Letter 94-15, dated
Fiscal Year 2002/03 Cost Report Instructions, CFRS Appendix F-3
California Code of Regulations, Title 9, Section 640

RECOMMENDATION:

We recommend that the County report the conservatorship cost to the proper mode level of service.

AUDITEE'S RESPONSE:

The County of Sonoma agrees with this finding. Beginning with the FY 05-06 Cost Report the conservatorship costs have been reported in Mode 60-Support Services.

**SONOMA COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE 30, 2003**

FINDING 4 – FFP CONTRACT MAXIMUM

Two of the county's contract providers – Social Advocates for Youth (LE #396) and Russian River Counseling (LE #648) -- have its FFP contract maximum less than its FFP reimbursable cost.

AUDIT AUTHORITY:

Various provider contracts

RECOMMENDATION:

Since final reimbursement is determined by taking the lower of the FFP contract maximum and the FFP reimbursable cost, we recommend that the county review the maximum payable amount in its provider contracts and make necessary amendments so the maximum amount payable under the contract does not fall below reimbursable cost.

AUDITEE'S RESPONSE:

The County of Sonoma agrees with this finding. Beginning in FY 05-06 the contract maximums have been added to the cost report working papers to ensure that the FFP reimbursable costs claimed in the cost report for providers do not exceed their contract maximums.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: SONOMA
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C
Legal Entity Number: 00049		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	21,181,124	14,250,402	35,431,526
2	Encumbrances		727,549	727,549
3	Less: Payments to Contract Providers (County Only)		(11,612,366)	(11,612,366)
4	Other Adjustments (Provide Detail)	(6,749,528)	780,556	(5,968,972)
5	Total Costs Before Medi-Cal Adjustments	14,431,596	4,146,141	18,577,737
6	Medi-Cal Adjustments from MH 1961			(1,075,582)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			17,502,155
	Administrative Costs (County Only)			
9	SD/MC Administration			1,341,901
10	Healthy Families Administration			18,865
11	Non-SD/MC Administration			1,058,347
12	Total Administrative Costs			2,419,113
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			153,477
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			91,333
16	Total Utilization Review Costs			244,810
17	Research and Evaluation (County Only)			195,966
18	Mode Costs (Direct Service and MAA)			14,642,266
19	Total Costs - Lines 9 through 18			17,502,155

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SONOMA
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C
Legal Entity Number: 00049		Salaries and Benefits	Other	Total Adjustments
1	FY 02/03 Depreciation		22,604	22,604
2	Unallowable Jail Expenses	(1,045,040)	(406,902)	(1,451,942)
3	Reimbursement for Jail Expenses	1,005,377	351,758	1,357,135
4				
5				
6	Adj 1 Program Support and PES Sutter reimb.		(156,518)	(156,518)
7	Adj 2 Incorporate deprec expense capitalized in PY.		7,500	7,500
8	Adj 3 Adjust A-87 cost to agree with county's records.		(36,895)	(36,895)
9	Adj 4 To disallow self-insurance costs funded by county.		(1,182,982)	(1,182,982)
10	Adj 5 To allow actual insurance claims paid.		530,988	530,988
11	Adj 6 To adjust total costs to agree w/ county's records.		94,807	94,807
12	Adj 7 To eliminate excess FFS costs.		(149,970)	(149,970)
13	Adj 8 To eliminate UR costs for Sutter and Jail.		(110,309)	(110,309)
14				
15				
16				
17				
18				
19				
20	Total Adjustments	(39,663)	(1,035,919)	(1,075,582)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO MODES OF SERVICE
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2002-2003

County: SONOMA
 County Code: 49

Legal Entity: COUNTY OF SONOMA		A
Legal Entity Number: 00049		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	14,642,266
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	11,859,456
6	Outreach Services (Mode 45)	49,584
7	Medi-Cal Administrative Activities (Mode 55)	1,424,710
8	Support Services (Mode 60)	1,308,516
9	Total - Lines 2 through 8	14,642,266

County: SONOMA County Code: 49			CR	CR	CR	CR	CR	CR
Legal Entity: COUNTY OF SONOMA			A	B	C	D	E	F
Legal Entity Number: 00049				Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Mode Total	Function	Function	Function	Function	Function
				01	10	40	50	60
1	Allocation Percentage		100.00%	12.30%	1.87%	47.92%	6.52%	24.81%
2	Total Units			1,426,963	168,617	4,328,745	589,201	1,202,997
3	Gross Cost		11,720,172	1,441,018	218,781	5,616,562	764,490	2,908,267
4	Cost per Unit			1.01	1.30	1.30	1.30	2.42
5	SMA per Unit			1.77	2.28	2.28	2.28	4.23
6	Published Charge per Unit			1.65	2.12	2.12	2.12	3.95
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		223,329	22,911	681,472	46,250	205,376
8A		10/01/02 - 06/30/03		669,742	58,583	2,022,593	76,410	617,401
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			240	560		13,876
9A		10/01/02 - 06/30/03			1,635	2,700	711	37,240
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02			80	3,480		275
10A		10/01/02 - 06/30/03		420	660	10,290		685
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		1,255	1,265	10,556		855
11A		10/01/02 - 06/30/03		5,785	5,875	42,521	1,400	3,910
12	Non-Medi-Cal Units			526,432	77,368	1,554,573	464,430	323,379
13	Medi-Cal Costs	07/01/02 - 09/30/02	1,819,917	225,529	29,727	884,212	60,010	496,500
13A		10/01/02 - 06/30/03	5,217,688	676,339	76,012	2,624,322	99,142	1,492,578
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	3,192,628	395,292	52,237	1,553,756	105,450	868,740
14A		10/01/02 - 06/30/03	9,153,133	1,185,443	133,569	4,611,512	174,215	2,611,606
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	2,973,576	368,493	48,571	1,444,721	98,050	811,235
15A		10/01/02 - 06/30/03	8,525,217	1,105,074	124,196	4,287,897	161,989	2,438,734
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	39,644		311	727		33,545
17A		10/01/02 - 06/30/03	102,940		2,121	3,503	923	90,028
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	69,385		547	1,277		58,695
18A		10/01/02 - 06/30/03	180,181		3,728	6,156	1,621	157,525
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	64,774		509	1,187		54,810
19A		10/01/02 - 06/30/03	168,194		3,466	5,724	1,507	147,098
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	5,605		104	4,515		665
21A		10/01/02 - 06/30/03	18,419	424	856	13,351		1,656
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	9,843		182	7,934		1,163
22A		10/01/02 - 06/30/03	32,341	743	1,505	23,461		2,898
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	9,158		170	7,378		1,086
23A		10/01/02 - 06/30/03	30,095	693	1,399	21,815		2,706
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02	19,353	1,267	1,641	13,696		2,067
29A		10/01/02 - 06/30/03	83,720	5,842	7,623	55,171	1,817	9,452
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	33,983	2,221	2,884	24,068		3,617
30A		10/01/02 - 06/30/03	146,997	10,239	13,395	96,948	3,192	16,539
31	Healthy Families Published Charges	07/01/02 - 09/30/02	31,622	2,071	2,682	22,379		3,377
31A		10/01/02 - 06/30/03	136,790	9,545	12,455	90,145	2,968	15,445
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		4,412,886	531,617	100,385	2,017,064	602,599	781,775

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2
Fiscal Year 2002-2003County: SONOMA
County Code: 49

MHS MHS MHS MHS MHS MHS

Legal Entity: COUNTY OF SONOMA			A	4979	4980	4982	4984	ASO	4981
Legal Entity Number: 00049			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)				Function	Function	Function	Function	Function	Function
			10	30	31	32	33	40	
1	Allocation Percentage		100.00%	6.66%	1.70%	28.18%	7.57%	3.08%	4.92%
2	Total Units			10,355	4,260	64,280	15,300	7,380	12,540
3	Gross Cost		139,284	9,280	2,364	39,250	10,540	4,284	6,859
4	Cost per Unit			0.90	0.55	0.61	0.69	0.58	0.55
5	SMA per Unit			2.28	2.28	2.28	2.28	2.28	2.28
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		2,340	720	14,240	4,380	2,820	2,280
8A		10/01/02 - 06/30/03		7,895	3,180	48,120	10,140	4,560	8,100
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							360
10A		10/01/02 - 06/30/03				1,260	360		1,800
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			120	360	660	420		
13	Medi-Cal Costs	07/01/02 - 09/30/02	33,594	2,097	400	8,695	3,017	1,637	1,247
13A		10/01/02 - 06/30/03	91,226	7,075	1,765	29,383	6,985	2,647	4,430
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	103,020	5,335	1,642	32,467	9,986	6,430	5,198
14A		10/01/02 - 06/30/03	288,469	18,001	7,250	109,714	23,119	10,397	18,468
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	197						197
21A		10/01/02 - 06/30/03	2,653			769	248		985
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	821						821
22A		10/01/02 - 06/30/03	9,447			2,873	821		4,104
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		11,614	108	200	403	289		(0)

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 2 OF 2
Fiscal Year 2002-2003

County: SONOMA		MHS	MHS	MHS	MHS			
County Code: 49								
Legal Entity: COUNTY OF SONOMA		4979	4980	4984	ASO	L	M	N
Legal Entity Number: 00049		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function	Function
		60	61	62	63			
1	Allocation Percentage	42.09%	2.03%	3.61%	0.16%			
2	Total Units	35,110	2,730	3,920	210			
3	Gross Cost	58,625	2,823	5,032	227			
4	Cost per Unit	1.67	1.03	1.28	1.08			
5	SMA per Unit	4.23	4.23	4.23	4.23			
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02	9,815	30	75			
8A		10/01/02 - 06/30/03	21,815	1,050	1,000	135		
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03	390					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		3,090	1,650	2,920			
13	Medi-Cal Costs	07/01/02 - 09/30/02	16,389	31	81			
13A		10/01/02 - 06/30/03	36,426	1,086	1,284	146		
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	41,517	127	317			
14A		10/01/02 - 06/30/03	92,277	4,442	4,230	571		
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03	651					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03	1,650					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		5,160	1,706	3,748	0		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: SONOMA
County Code: 49

CR

Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage		17.58%	17.58%				
2	Total Units		12,825					
3	Gross Cost	49,584	8,717					
4	Cost per Unit		0.68					
5	Non-Medi-Cal Units		12,825					
6	Non-Medi-Cal Costs	8,717	8,717					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: SONOMA
County Code: 49

County Code: 49		MAA	MAA	MAA	MAA	MAA	MAA	
Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			01	06	09	19	23	26
1	Allocation Percentage		100.00%	6.84%	3.14%	3.18%	22.51%	13.60%
2	Total Units		173,326	77,328	57,714	520,143	276,725	681,047
3	Total Expenditures	1,424,710	97,492	44,684	45,248	320,639	193,806	565,721
4	Cost per Unit		0.56	0.58	0.78	0.62	0.70	0.83
5	Non-Medi-Cal Costs	378,207						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: SONOMA
County Code: 49

		MAA	MAA	MAA			
Legal Entity: COUNTY OF SONOMA		H	I	J	K	L	N
Legal Entity Number: 00049		Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Function	Function	Function	Function	Function	Function
		29	38	39			
1	Allocation Percentage	2.08%	1.95%	7.00%			
2	Total Units	38,002	52,069	155,387			
3	Total Expenditures	29,643	27,782	99,695			
4	Cost per Unit	0.78	0.53	0.64			
5	Non-Medi-Cal Costs						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DEPARTMENT OF MENTAL HEALTH

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Fiscal Year 2002-2003

DETAIL COST REPORT

County: SONOMA
County Code: 49

CR

Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			40					
1	Allocation Percentage		45.06%	45.06%				
2	Total Units		14,374					
3	Gross Cost	1,308,516	589,666					
4	Cost per Unit		41.02					
5	Non-Medi-Cal Units (Same as Line 2)		14,374					
6	Non-Medi-Cal Costs (Same as Line 3)	589,666	589,666					

Fiscal Year 2002-2003

Legal Entity Number: 00049

County Code: 49			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity: COUNTY OF SONOMA			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00049			S.F.'s 01-09	Mode 55 S.F.'s 11-19, 31-39	S.F.'s 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02											
1A		10/01/02 - 06/30/03											
2	Medi-Cal SMA	07/01/02 - 09/30/02											
2A		10/01/02 - 06/30/03											
3	Medi-Cal P. C.	07/01/02 - 09/30/02											
3A		10/01/02 - 06/30/03											
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02											
5A		10/01/02 - 06/30/03											
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02											
11A		10/01/02 - 06/30/03											
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03											
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03											
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03											
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02											
21A	(Excludes Refugees)	10/01/02 - 06/30/03											
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Healthy Families P. C.	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03											
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02											
27A		10/01/02 - 06/30/03											
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02											
28A		10/01/02 - 06/30/03											
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		187,424	448,116	789,170	1,424,710							
33	Medi-Cal Eligibility Factor (Average)			69.43%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	187,424	311,138	547,940	1,046,503							
35A		10/01/02 - 06/30/03											
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03											
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %

MH 1978 (10/04)

Fiscal Year 2002-2003

County: SONOMA

County Code: 49

Legal Entity: COUNTY OF SONOMA

Legal Entity Number: 00049		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
Mode							
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	1,839,822	5,268,829	945,669	2,714,552		
5	15 - Outpatient (Program 2)	33,594	91,226	17,267	47,051		
6	Totals	1,873,416	5,360,055	962,936	2,761,603		
7	Totals from MH1979	1,873,416	5,360,055	962,936	2,761,603		
8	Effective SD/MC FFP %					51.40%	51.52%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: SONOMA County Code: 49						Source: MH1978 E8	Source: MH1978 F8				
Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00049		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.52% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement			7,331,883	7,331,883						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			4,300,874	4,300,874						
3	Total Medi-Cal Direct Service Gross Reimbursement				11,632,757						
4	Medi-Cal Administrative Reimbursement Limit				1,744,914						
5	Medi-Cal Administration				1,341,901						
6	Medi-Cal Administrative Reimbursement				1,341,901	670,951					670,951
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement			219,016	219,016						
8	Healthy Families Administrative Reimbursement Limit				21,902						
9	Healthy Families Administration				18,865						
10	Healthy Families Administrative Reimbursement				18,865				12,309		12,309
	SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09	187,424			187,424	93,712					93,712
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	311,138			311,138	155,569					155,569
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	547,940			547,940					410,955	410,955
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				153,477					115,108	115,108
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02		1,873,416	1,873,416	962,936					962,936
16A		10/01/02 - 06/30/03		5,360,055	5,360,055		2,761,603				2,761,603
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02		5,802	5,802				3,828		3,828
17A		10/01/02 - 06/30/03		21,072	21,072				13,697		13,697
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										5,188,358
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										5,188,358
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										5,188,358
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02		19,353	19,353				12,769		12,769
24A		10/01/02 - 06/30/03		83,720	83,720				54,418		54,418
25	Total Healthy Families Reimbursement Before Excess FFP										79,496
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										79,496